FORM RH-10
Revised 08/04

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
1000 SOUTHWEST JACKSON SUITE 310
TOPEKA KANSAS 66612-1366

APPLICATION FOR RADIOACTIVE MATERIALS LICENSE - MEDICAL

INSTRUCTIONS - Complete Items 1 through 23 if this is an initial or renewal Application. If application is for amendment of a license, complete only Items 1 through 3 and indicate new information or changes in the program as requested in Items 4 through 22. Use supplemental sheets where necessary. Item 23 must be completed on all Applications. Mail one copy along with applicable fee to: Kansas Department of Health and Environment, Bureau of Air and Radiation, Radiation Control Program, 1000 SW Jackson, Suite 310, Topeka, Kansas 66612-1366 Telephone: (785) 296-1560. Upon approval of this application, the applicant will receive a Kansas Radioactive Materials License, issued in accordance with the general requirements contained in State of Kansas, Department of Health and Environment, Radiation Protection Regulations and the Kansas Nuclear Energy Development and Radiation Control Act.

1. a. Name And Complete Mailing Address of Applicant	1.b. Street Address(es) where Radioactive Material Will Be Used
Phone No. :	

2. Person to Contact Regarding this Application:

E-mail: Phone No. :

3. Type of Application ☐ New License ☐ Amendment ☐ Renewal License No.:

4. Individuals Who Will Use or Directly Supervise the Use of Radioactive Material (Attach Training and Experience Supplement A & B)

5. RADIATION SAFETY OFFICER (Attach training and experience Supplement A if not previously provided).

Name:

☐ Duties and responsibilities are as described in the Medical Program Licensing Guide Appendix C

☐ Duties and responsibilities in addition to those described in the Medical Program Licensing Guide Appendix C are attached.

6. a. RADIOACTIVE MATERIAL FOR MEDICAL USE

Radionuclide	Chemical and/or physical form	MAXIMUM POSSESSION LIMIT (millicuries)
☐ Any listed in Group I Schedule D, K.A.R. 28-35-199a	Any radiopharmaceuticals for diagnostic studies involving measurements of uptake, dilution and excretion.	As Needed
☐ Any listed in Group II Schedule D, K.A.R. 28-35-199a	Any radiopharmaceuticals for diagnostic studies involving imaging and tumor localizations.	As Needed
☐ Any listed in Group III Schedule D, K.A.R. 28-35-199a	Generators and reagent kits for diagnostic uses.	
☐ Any listed in Group IV Schedule D, K.A.R. 28-35-199a	Any radiopharmaceuticals for therapeutic uses that do not normally require hospitalization.	
☐ Any listed in Group V Schedule D, K.A.R. 28-35-199a	Any radiopharmaceuticals for therapeutic uses that normally require hospitalization.	
☐ Any listed in Group VI Schedule D, K.A.R. 28-35-199a	Any form listed excluding remote afterloader devices	
☐ Any listed in Group VI Schedule D, K.A.R. 28-35-199a	Any sealed source in remote afterloader devices Manufacturer & Model:	

6. b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. This could include calibration and reference sources or isotopes not included in one of the groups in section 6.a. (Small sealed sources up to 3 millicuries used for calibration and reference standards may be authorized under K.A.R. 28-35-181d(e) and may not need to be listed.)

Radionuclide	Chemical and/or physical form (If sealed source, state the manufacturer & model number).	Maximum Activity per Source (mCi)	Maximum Possession Limit (mCi)	Describe Use

7. RADIATION SAFETY COMMITTEE

☐ The Radiation Safety Committee is as described in the Medical Program Licensing Guide Appendix B

☐ Description of the Radiation Safety Committee is attached.

☐ This application is for a private practice and a Radiation Safety Committee is not required.

8. INSTRUMENTATION: Attach a completed Appendix D from the Medical Program Licensing Guide or equivalent information.

9. a. CALIBRATION OF INSTRUMENTS

☐ Radiation survey instruments will be calibrated by a service company/consultant authorized to perform such services. A copy of the license authorizing such services will be maintained. Name and license number:

☐ Radiation survey/monitoring instruments will be calibrated using the model calibration procedures in the Medical Program Licensing Guide Appendix E.

☐ Radiation survey/monitoring instruments will be calibrated using the attached procedures.

9.b. CALIBRATION OF DOSE CALIBRATORS

☐ Dose calibrators will be calibrated by a service company/consultant authorized to perform such services. A copy of the license authorizing such services will be maintained. Name and license number:

☐ Dose calibrators will be calibrated using the model calibration procedure in the Medical Program Licensing Guide Appendix E.

☐ Procedure for calibration of dose calibrators is attached.

10. FACILITIES AND EQUIPMENT Attach a sketch and a complete description of the facility and equipment.

11. PERSONNEL TRAINING PROGRAM

☐ The personnel training program will be conducted as described in the Medical Program Licensing Guide Appendix R.

☐ A description of the personnel training program is attached.

12. ORDERING AND RECEIPT OF RADIOACTIVE MATERIAL

☐ Ordering and receipt of radioactive material will be as described in the Medical Program Licensing Guide Appendix F.

☐ Procedure for ordering and receipt of radioactive material is attached.

13. SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIAL

☐ Opening packages containing radioactive material will be as described in the Medical Program Licensing Guide Appendix G.

☐ Procedure for opening packages containing radioactive material is attached.

14. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL

☐ General rules for the safe use of radioactive material will be as described in the Medical Program Licensing Guide Appendix H.

☐ General rules for the safe use of radioactive material is attached.

15. EMERGENCY PROCEDURES

☐ Emergency procedures will be as described in the Medical Program Licensing Guide Appendix I.

☐ Emergency procedures are attached.

16.a. BIOASSAY PROGRAM

☐ Bioassay sampling procedure is attached

☐ There is no bioassay sampling requirement for this license.

16.b. SEALED SOURCE LEAK TESTING

☐ Sealed source leak testing by a service company/consultant authorized to perform such services. A copy of the license authorizing such services will be maintained. Name and license number:

☐ Sealed source leak testing will be as described in the Medical Program Licensing Guide Appendix P.

☐ Procedure for sealed source leak testing is attached.

16.c. ALARA PROGRAM

☐ ALARA program will be as described in the Medical Program Licensing Guide Appendix S.

☐ ALARA program description is attached.

16.d. MOLYBDENUM-99 BREAKTHROUGH

☐ Molybdenum-99 breakthrough will be as described in the Medical Program Licensing Guide Appendix Q.

☐ Molybdenum-99 breakthrough description is attached.

☐ Only unit doses are used therefore the determination of Molybdenum-99 breakthrough is not required for this license.

16.e. USE OF POSITRON EMISSION TOMOGRAPHY (P.E.T.) RADIOPHARMACEUTICALS

☐ Complete description for the use of Positron Emission Tomography (P.E.T) radiopharmaceuticals on this license are attached.

☐ Positron Emission Tomography (P.E.T) radiopharmaceuticals will not be used on this license.

16.f. MOBILE NUCLEAR MEDICINE SERVICE

☐ Mobile Nuclear Medicine Service will be as described in the Medical Program Licensing Guide Appendix T

☐ Mobile Nuclear Medicine Service description is attached.

☐ Mobile Nuclear Medicine Service is not requested and will not be performed on this license..

17. AREA SURVEY PROCEDURES

☐ Area radiation and contamination surveys will be as described in the Medical Program Licensing Guide Appendix J.

☐ Procedure for area radiation and contamination surveys is attached.

18. WASTE DISPOSAL: Attach a completed Appendix K from the Medical Program Licensing Guide or equivalent information.

19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS GREATER THAN 30 MILLICURIES

☐ Therapeutic use of radiopharmaceuticals greater than 30 millicuries will be as described in the Medical Program Licensing Guide Appendix L.

☐ Procedure for therapeutic use of radiopharmaceuticals greater than 30 millicuries is attached.

☐ Therapeutic use of radiopharmaceuticals greater than 30 millicuries is not requested and will not be performed on this license.

20. THERAPEUTIC USE OF SEALED SOURCES

☐ Therapeutic use of sealed sources for the treatment of patients will be as described in the Medical Program Licensing Guide Appendix M.

☐ Procedure for therapeutic use of sealed sources for the treatment of patients is attached.

☐ Therapeutic use of sealed sources for the treatment of patients is not requested and will not be performed on this license.

21. USE OF RADIOACTIVE GASES AND AEROSOLS

☐ Procedure for use of radioactive gases and aerosols is attached and includes all the information required by Appendix N.

☐ Use of radioactive gases and aerosols is not requested and will not be performed on this license.

22. PERSONNEL MONITORING DEVICES

TYPE		SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	FILM		
	TLD		
	OTHER (SPECIFY)		
b. FINGER	FILM		
	TLD		
	OTHER (SPECIFY)		
c. OTHER (SPECIFY)	FILM		
	TLD		
	OTHER (SPECIFY)		

CERTIFICATE

(This item must be completed by applicant)

23. The applicant and any official executing this certificate on behalf of the applicant in Item 1, certify that this application is prepared in conformity with State of Kansas, Department of Health and Environment, Radiation Protection Regulations and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. APPLICANT OR CERTIFYING OFFICIAL (Signature)

_____

_____

NAME (Type or Print)

_____

TITLE

b. DATE: _____

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STATE OF KANSAS
DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF AIR AND RADIATION, RADIATION CONTROL PROGRAM
1000 SW JACKSON, SUITE 310, TOPEKA, KS 66612-1366

ADDITIONAL AUTHORIZATION REQUEST: HUMAN USE

1. Licensee _____ License No. _____

2. Address _____

_____

3. Names of physicians desiring authorizations listed under (4) below:

a. _____ b. _____ c. _____

4. Authorization desired:

Isotope	Chemical form	Authorized use	limit

5. Signature of applicant:
   a. If the license is in name of an institution, Chairman of Radiation Safety Committee must sign below.
   b. If license is name of individual, the individual must sign below.

_____ _____ _____ _____

R.S.C. Chairman Date Licensee Date

SUPPLEMENT A
Revised 08/04

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY (PROTECTION) OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY (PROTECTION) OFFICER

2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE

a. KANSAS CERTIFICATE NO. _____ b. OTHER CERTIFICATE NO. _____

c. DEPARTMENT _____ d. MEDICAL SPECIALTY _____

e. AUTHORIZATIONS DESIRED:

( ) Internal administration, diagnostic
( ) Internal administration, therapeutic
( ) In-Vitro studies
( ) Brachytherapy
( ) Teletherapy
( ) Research

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
The American Board of Health Physics	Health Physics	
The American Board of Radiology	Radiological Physics	
The American Board of Nuclear Medicine	Nuclear Medicine	
The American Board of Pathology in cooperation with the American Board of Nuclear Medicine	Radioisotope Pathology	
The American Board of Radiology	Diagnostic Radiology with Special Competence in Nuclear Radiology	
The American Board of Radiology	Radiology	
The American Board of Radiology	Therapeutic Radiology	
Other (Specify)		

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	Type and Length of Training (hours)	
		Lecture Laboratory Course C	Supervised Laboratory Experience D
a. Radiation Physics And Instrumentation			
b. Radiation Protection			
c. Mathematics Pertaining to the Use and Measurement of Radioactivity			
d. Radiation Biology			
e. Radiopharmaceutical Chemistry			

SUPPLEMENT B
Revised 08/04

STATE OF KANSAS
DEPARTMENT OF HEALTH AND ENVIRONMENT
PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physicians preceptor. If more than one preceptor is necessary to document experience obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS	KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF:
FULL NAME	1. Supervised examination of patients to determine the suitability for radioisotopes diagnosis and or treatment.
STREET ADDRESS	2. Collaboration in dose calibration and actual administration of dose to the patient, including calculation of the radiation dose, related measurement and plotting of data.
CITY STATE ZIP CODE	3. Adequate period of training to enable physicians to manage radioactive patients and follow patients through diagnoses and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted on separate sheets)
I-131 OR I-125	DIAGNOSIS OF THYROID FUNCTION		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
Co-57, 58 or 60	B12 ABSORPTION STUDIES		
Cr-51	DETERMINATION OF BLOOD VOLUME AND RBC SURVIVAL TIME		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted on separate sheets)
Ga-67	DETECTION OF HODGKIN'S DISEASE AND SOFT TISSUE TUMOR LOCALIZATION		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
Tl-201	MYOCARDIAL PERFUSION IMAGING		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTAL LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
	BONE IMAGING		
OTHER			
P-32 Soluble	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASIS		
P-32 Colloidal	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF HYPERTHYROIDISM AND CARDIAC CONDITION		
	TREATMENT OF THYROID CARCINOMA		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Ra-226	INTERSTITIAL TREATMENT		
Ra-226	INTRACAVITARY TREATMENT		
Rn-222	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:
a. NAME OF SUPERVISOR:
b. NAME OF INSTITUTION:
c. MAILING ADDRESS:
d. CITY
5. RADIOACTIVE MATERIALS LICENSE NUMBER(S)
6. PRECEPTOR'S SIGNATURE:
7. PRECEPTOR'S NAME (Please type or Print)
DATE: